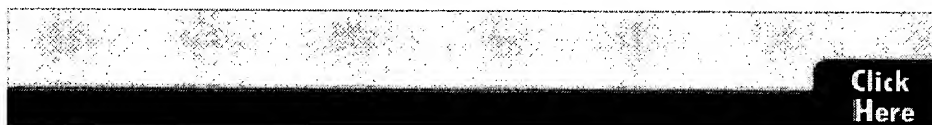




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Procedure Name Arteriogram, Transfemoral Approach

Synonyms Angiogram; Arterial Study; Percutaneous Transfemoral Angiogram

Applies to Abdominal Aortogram; Adrenal Arteriogram; Arm Arteriogram; Bronchial Arteriogram; Carotid Arteriogram; Cerebral Arteriogram; Coronary Arteriogram; Hepatic Arteriogram; Leg Arteriogram; Mesenteric Arteriogram; Pelvic Arteriogram; Renal Arteriogram; Splenic Arteriogram; Thoracic Aortogram; Vertebral Arteriogram

Procedure Commonly Includes Visualization of the arteries in the area of clinical concern by injection of contrast medium through a catheter which has been percutaneously placed through the femoral artery.

Indications Evaluation of the arteries in the area of clinical interest for abnormalities such as arterial aneurysm, atherosclerosis, embolism, fistula, hemorrhage, neoplasm, occlusion, arteriovenous shunting, stenosis, thrombosis, trauma, vasculitis.

Contraindications Inability of the patient to lie supine, absence of femoral pulses, acute renal failure, bleeding abnormalities, elevated prothrombin or partial thromboplastin times, extremely high blood pressure, shock.

Patient Preparation Informed consent is obtained from the patient. The patient is placed on a clear liquid diet (not NPO) on the morning of the procedure. All medications are continued. An intravenous line is begun before the procedure in order to ensure that the patient is well hydrated (thus decreasing the risk of acute renal failure) and to facilitate the administration of any medications required during the procedure. Recent laboratory results (BUN, creatinine, platelets, PT, and PTT) should be appropriately recorded on the chart. The patient with chart is sent on a stretcher to the angiography suite when notified.

Aftercare The patient is placed on bedrest for at least 6 hours after the procedure and often for the remainder of the day. During this time, the patient should be flat in bed with the legs straight. Vital signs should be obtained every 30 minutes for the first 2 hours, then every hour for the next 4 hours. At these times, the femoral puncture site should be examined for any evidence of bleeding or swelling and the leg should be examined for any change in pulses, color, or warmth.



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Special Instructions These examinations are often arranged by the requesting physician in consultation with the cardiovascular radiologist. The requisition should state clearly the reason for the study as well as the specific vessels to be examined. Any previous imaging studies of the area to be examined should be made available to the cardiovascular radiologist. The cardiovascular radiologist should be alerted to any potential problem areas in the patient's condition, such as renal insufficiency, bleeding abnormalities, or history of severe contrast reaction.

Complications Immediate complications include contrast reaction, acute renal failure, bleeding or hematoma formation at the puncture site, vessel dissection or occlusion, and distal embolization of any clots which may have formed on the catheter. Delayed complications consist of formation of either a false aneurysm or arteriovenous fistula at the puncture site.

Equipment Fluoroscopy, angiographic catheter and wires, and a method of film recording (either conventional cut-film or digital subtraction films).

Technique Local anesthetic agent is instilled over the common femoral artery. The artery is percutaneously punctured and a catheter is inserted and fluoroscopically guided into the artery of interest. Contrast medium is injected and the films are obtained.

Data Acquired Visualization of the arteries in the area of clinical concern on either conventional x-ray film or on digitally subtracted images, sometimes referred to as intra-arterial DSA.

Normal Findings The opacified arteries should be smooth and gradually taper as they continue to branch. There should be no evidence of vessel wall irregularity, aneurysm, narrowing, occlusion, extravasation, or arteriovenous shunting.

Limitations Anything which would obscure the blood vessels, such as overlying barium or patient motion.

References

Johnsrude IS, "Catheterization Techniques," *A Practical Approach to Angiography*, 2nd ed, Johnsrude IS, Jackson DC, and Dunnick NR, eds, Boston, MA: Little, Brown and Co, 1987, 33-44, 58-70.

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